		li li	OBBS OFFICE O. C. C.	
NO. OF COPIES RECE	IVED		TO OTT THE U. C. C.	Form C-103
DISTRIBUTIO	N	.]a	N 9 7 AU 207	Supersedes Old
SANTA FE	NI	EW MEXICO OIL CONS	N 9 7 HAMASIGA	C-102 and C-103 Effective 1-1-65
FILE		/		
U.S.G.S.				Sa. Indicate Type of Lease
LAND OFFICE		• •		State Fee X
OPERATOR				5. State Oil & Gas Lease No.
	•			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)				
1.				7. Unit Agreement Name
MELL X	WELL OTHER-			
2. Name of Operator				8. Farm or Lease Name
Union Texas Petroleum				Crosby
3. Address of Operator				9. Well No.
1300 Wilco Bldg., Midland, Texas				3
4. Location of Well				10. Field and Pool, or Wildcat
UMIT LETTER	D 660	North	LINE AND 660 PEET PR	Cato (San Andres)
		T FROM THE	CINE AND FEET PR	
West	15	8-S	RANGE 30-E NMF	
1115	CINE, SECTION	TOWNSHIP	MANGE DO II NMP	(1)
	15.	Elevation (Show whether I	OF, RT, GR, etc.)	12. County
		4103' GL		Chaves
16.	Check Appropriate		ature of Notice, Report or (
1	NOTICE OF INTENTION			NT REPORT OF:
PERFORM REMEDIAL W	OR K	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	=		COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	 	CHANGE PLANS	CASING TEST AND CEMENT JOS	PLUG AND ABANDONMENT
			OTHER	
OTHER				· · · · · · · · · · · · · · · · · · ·
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.				
Spudded 1:30 PM 12-16-66				
12-16-66 TD 522, set 8-5/8" $28\#$ used casing at 517' and cmtd. w/300 sx.				
(Cmt. circulated.	WOC 24 hrs.	Tested 8-5/8" ca	sing to 1000#.
•	Tested OK.		•	9
•				
12-26-66	TD 3541! set 42	1 OD 9 5# nou	ancing at 35361 a	nd cmtd. w/500 sx.
	Top of out	ido of Alii OD	casing at 1550 a	nd cmtd. W/300 sx.
Top of cmt. outside of 4½" OD casing at 2400' by T.S. WOC 24 hrs.				
Tested $4\frac{1}{2}$ " casing to 1500# for 30 minutes. Tested OK.				
				•
*	•			
		•		
4				
				•
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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE Office Supervisor

DATE 1-6-67